

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT
FOR THE ~~Eastern Western~~ DISTRICT OF TEXAS
Southern DIVISION

United States Courts
Southern District of Texas
FILED

FEB 25 2019

David J. Bradley, Clerk of Court

Lawrence Woodson Short 2197695

Plaintiff's Name and ID Number

TDCJ-ID Hughes unit

Place of Confinement

CASE NO. _____
(Clerk will assign the number)

v. Sheriff
Jim Kalen Pobox 1529 Corpus Christi TX 78401

Defendant's Name and Address

Chief Jailer Mike McKenzie Pobox 1529 Corpus Christi TX 78401

Defendant's Name and Address

officers Martinez, Benavides, Sgt Martinez Pobox 1529 Corpus Christi TX 78401

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACKSIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or a initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE OF THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES ☒ NO
- B. If your answer to "A" is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____
 3. Court: (If federal, name the district; if state, name the county.) _____
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: TOCT-ID - Hughes unit

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: hus Laws
Sheriff Jim Kalen Lawrence Sheriff
Rt 2 Box 4400 Gatesville TX 76597

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Sheriff Jim Kalen Nueces County Jail Po Box
1529 Corpus Christi TX 78401

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

ultimately Responsible for all officers at Nueces County Jail

Defendant #2: Chief Jailer Mike McKenzie Nueces County Jail
Po Box 1529 Corpus Christi TX 78401

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Responsible at a Lower Level for all officers Training

Defendant #3: Officer Martinez Officer at Nueces County Jail
Po Box 1529 Corpus Christi TX 78401

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. Broken Ribs
Excessive use of force causing Bodily harm he Slammed me Landed on my Back w/ Knees

Defendant #4: Officer Benevides Officer at Nueces County Jail
Po Box 1529 Corpus Christi TX 78401

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Slammed me w/ Officer Martinez Landed on Back Broken 2 Ribs

Defendant #5: Sgt Martinez Sgt Nueces County Jail
Po Box 1529 Corpus Christi TX 78401

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Against Better Judgement Released me thru medical after Nurse
Stated I dont have Any Broken Ribs Im to Busy to
Deal w/ Short (me) Sgt Martinez Stated he will Tell the
entire Truth

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

ON 6/3/18 in General Area of 4R housing Area of Nueces County Jail
I was returning from medical and officer ^{Martinez} grabbed my Arm in a aggressive manner I pulled my Arm back he slammed me on the floor I jumped on my back and used his knees in the middle of my back w/ officer Benevidis Breaking 2 Ribs I went back to medical where Sgt Martinez told nurses I was Complaining of Broken Ribs Nurse sent me back to cell w/ 2 Broken Ribs placing my Life in Danger of Possibility of Ribs piercing Lungs officers Martinez and Benevidis have caused a unusual Amount of Pain and Suffering by Actions ALLIES recorded tape 4R Sgt Martinez will witness incident

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I'd like 3,500⁰ for Pain Suffering and I'd like The Courts to provide Background information on officers to see past incidents I also wish the Courts would issue the above reward for mental anguish

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

BUBBA SHORT, Lawrence WOODSON Short Lawrence WOODSON
Livewire

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

a 925050 ~~1211801~~ 1473865 ~~147386~~ 1807836 2197625 910226

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES X NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

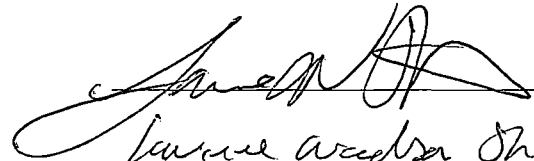
4. Have the sanctions been lifted or otherwise satisfied? YES X NO

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES X NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning was issued: _____

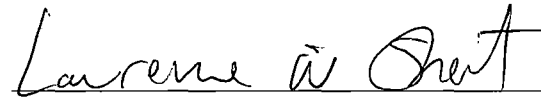
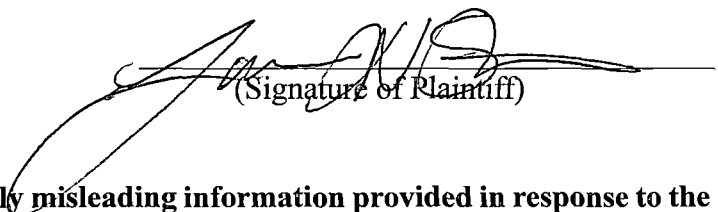
Executed on: 2/20/19
DATE


Laurence A. Short
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this Twenty ~~20~~ ^{two} day of February, 20 19.
(Day) (month) (year)


Laurence A. Short

(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

Lab Data Imported From UTMB - Galveston Lab System

Patient Name : SHORT, LAWRENCE
Patient Id : 2197695
Patient Phone :
Date of Birth : 01/05/1976
SS# : -- Sex : Male

Ordering
Physician : DECLET, JOSE
Facility : GARZA (NH)
EAST OF HWY 202
BEEVILLE TX 78102

Test Name	Result	ABN Unit	Reference	LAB
		Flag	Range	ID

Accession: R28769 Requisition: 144971159
Reported: 06/20/18 13:06 Request Date: 06/20/18

Procedure: XR RIBS 3 VW LEFT

NARRATIVE

EXAM: XR RIBS 3 VW LEFT

HISTORY: c/o lt. sided ribcage pain d/t county altercation

COMPARISON: None.

FINDINGS:

Radiographs of the left ribs demonstrate minimally displaced posterior healing fifth and sixth rib fractures. The lungs are clear.

IMPRESSION

IMPRESSION:

Minimally displaced left fifth and sixth rib fractures.

I, Glenn M Garcia, MD., have reviewed this study and agree with the above report.

L Low, LL Panic Low, H High, HH Panic High, A Abnormal, AA Panic